CHILDREN'S MENTAL HEALTH SERVICES

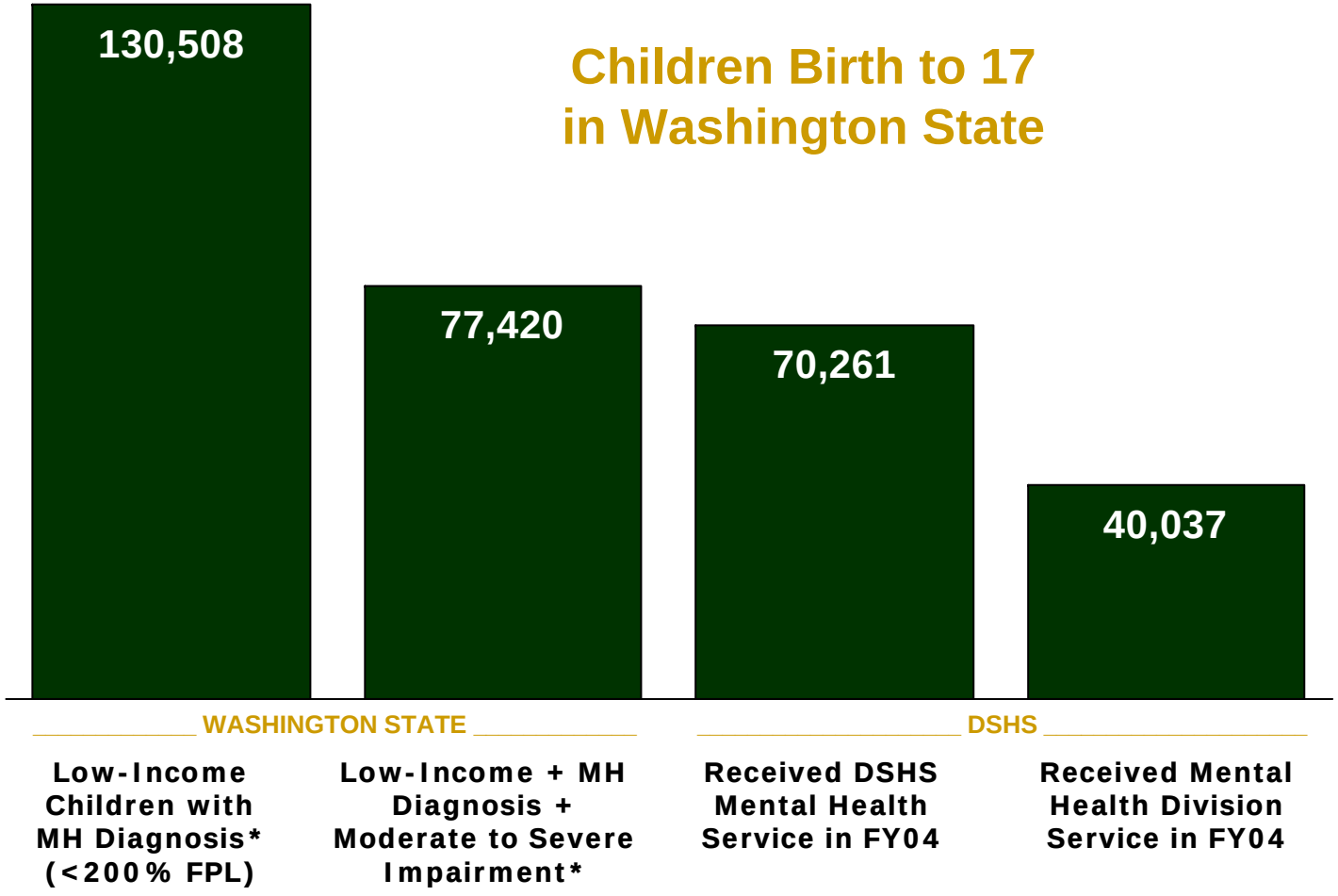
Mental Health Task Force

October 24, 2006

Department of Social and Health Services

- **Overview**
- **Description of Agencies:**
  - Eligibility
  - Mental Health Services
- **Description of Cross-System Issues**
- **Existing Gaps**
- **Solutions**

The majority of low income children who have moderate to severe Mental Health issues are receiving services within DSHS



**Calculations based on March 2005 Current Population Survey population estimates and mental illness prevalence rates from Costello E.J., S.C. Messer, H.R. Bird, P. Cohen, H.Z. Reinherz 1999. "The Prevalence of Serious Emotional Disturbance: A Re-Analysis of Community Studies." Journal of Child and Family Studies (V7, # 4), December 1998, pp 411-432.*

Percent of All Children Served Receiving Mental Health Services in FY04

	Total Served Within Program	# Receiving MH Service Within Program	% Receiving MH Service Within Program	% Receiving MH Service from Other DSHS Program
Children's Administration	96,301[a]	21,866	23%	19%
Juvenile Rehabilitation Administration	4,189[b]	2,046[c]	49%	33%
HRSA-Mental Health Division	41,834	41,834	100%	32%
HRSA-Medical Assistance	669,585[d]	23,558[e]	4%	7%

NOTES

[a] Includes all persons served by the Children's Administration in FY 2004 who were age 0 to 18 as of January 1 2004.

[b] Includes all persons served by the Juvenile Rehabilitation Administration in FY 2004 (not restricted to age 0-18).

[c] Includes all persons served by JRA in FY 2004 with a JRA-identified mental health need (not restricted to age 0-18).

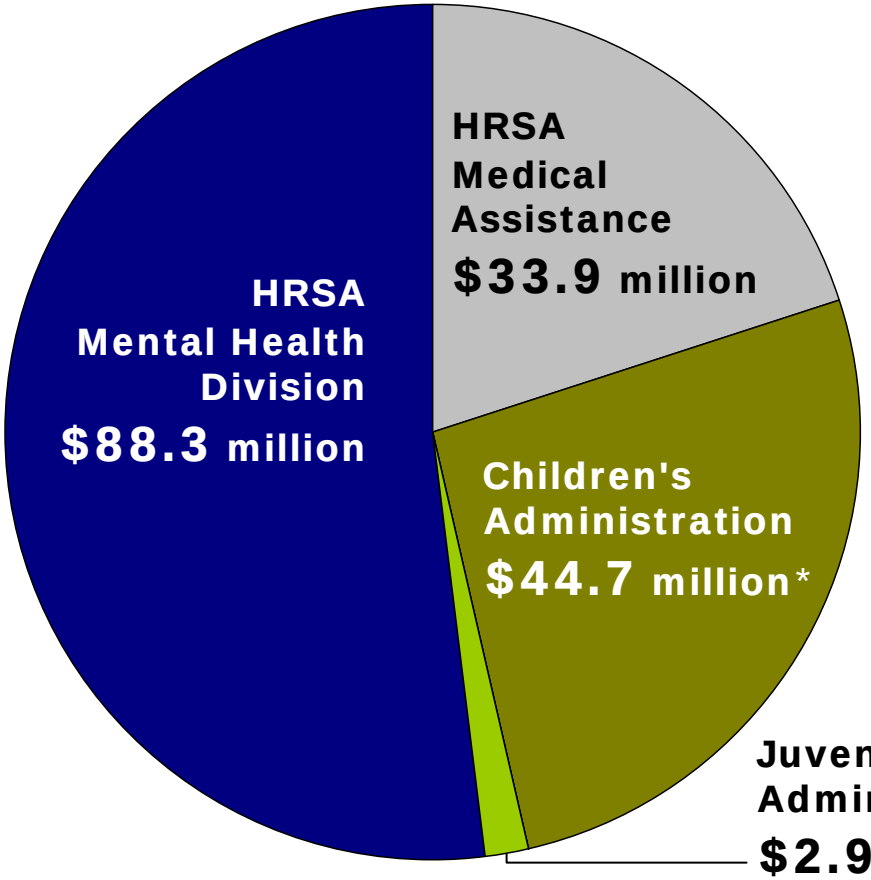
[d] Includes all persons served by HRSA Medical Assistance in FY 2004 who were age 0 to 18 as of January 1 2004.

[e] Includes mental health medications and outpatient services provided through Healthy Options and fee-for-service coverage.

Compiled from Department of Social and Health Services' data by Mental Health Division, Children's Administration, Juvenile Rehabilitation Administration, and Research and Data Analysis Division staff.

Dollars Spent on Mental Health Services for Children in FY04

DSHS TOTAL = $170 million (All Funds)



**For the portion of CA expenditures that reflect BehavioralRehabilitation Services/group care services, expenditures include only the Medicaid-eligible component of mental health services. If the full cost of CA residential mental health services were included, the CA total would be $66.4 million.*

Compiled from Department of Social and Health Services' data by Mental Health Division, Children's Administration, Juvenile Rehabilitation Administration, and Research and Data Analysis Division staff.

Program Eligibility
and
Service Description

Children's Administration
Foster Care & In Home Medicaid Eligible Clients

Needs:	*System:*
Inpatient	RSN services
Residential	Beh. Rehabilitation Services (BRS)/group care
Outpatient	Primary Health Care
	Fee for Service -----Psychiatrist
	RSN – if eligible and services available
	CA Funded Services (see next slide)
Medications	RSN or Physician

Children's Administration Screening and Referral Process

- Children entering foster care receive a Child Health and Education Tracking "CHET" screening within 30 days of placement,
  - –CHET includes health, development, education, connections and mental health screening.
  - –CHET includes Early and Periodic Screening, Diagnosis and Treatment (EPSDT) health and mental health screenings.

- Specific Mental Health Tools:
  - –Child Behavior Check List,
  - –Ages and States – Social Emotional,
  - –Global Assessment of Individual Needs – Short Screen
    - Will be fully implemented by January 1, 2007

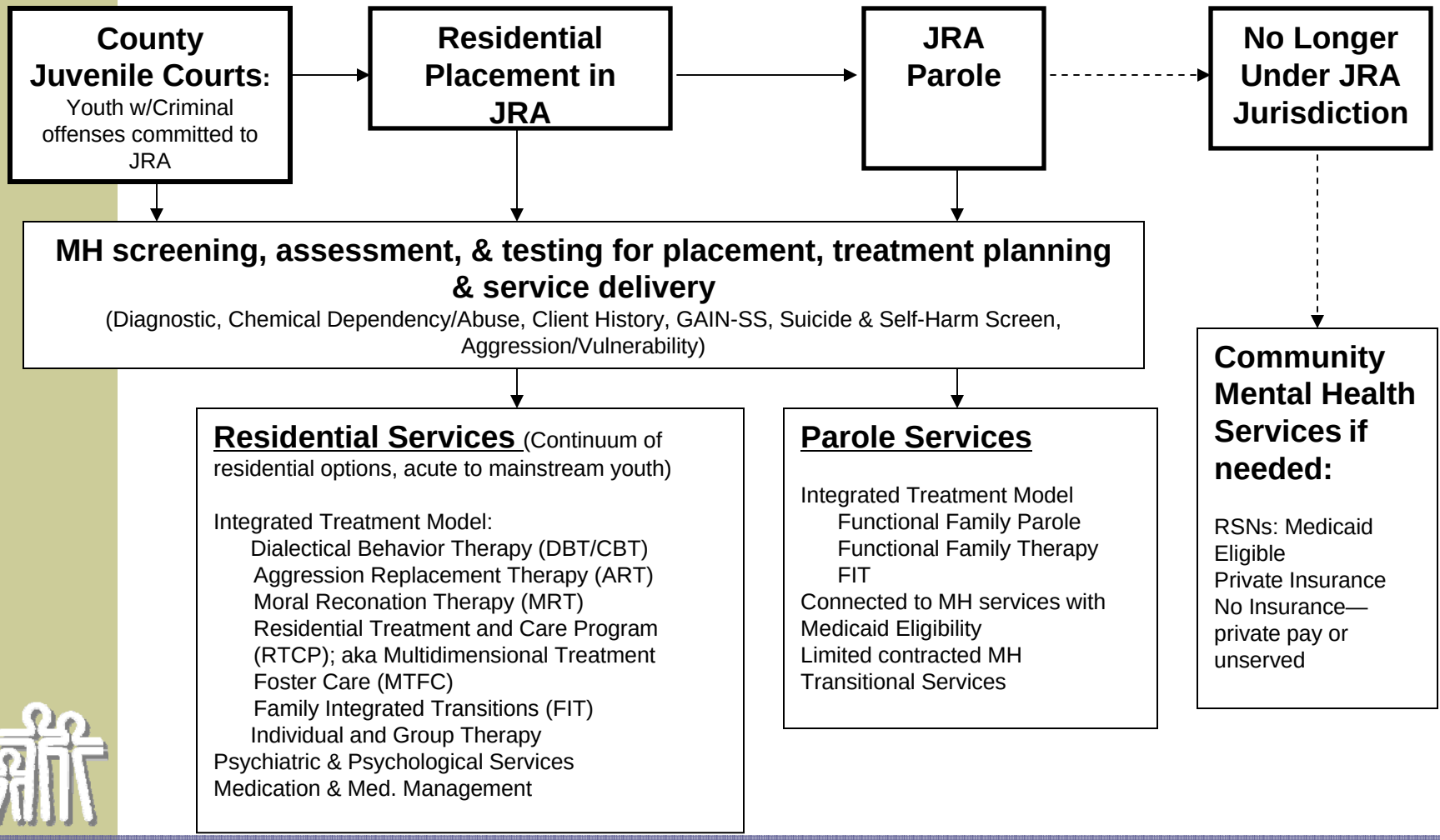
Children's Administration
"Outpatient" services & eligibility

- Child/family must meet program authorization or medical necessity criteria to access the following services:
  - Medicaid Treatment Child Care (MTCC)
  - Behavioral Rehabilitation Services/group care services
  - Post-adoption support counseling
  - Sexually Aggressive Youth counseling
  - Family Preservation/Intensive Family Preservation services
  - Family Reconciliation services
  - Evidenced Based Programs
- Psychological/Psychiatric Evaluation and Services
  - Court order for parents or children
  - Some limited short-term services for those children who do not meet Access to Care Standards, demonstrate a need and are authorized by CA.
- Foster Care Assessment Program
  - This program provides more intensive assessment for Foster children who demonstrate a mental health need, require further assessment, and are authorized by CA

Juvenile Rehabilitation Administration

- Youth are adjudicated for committing offenses and court ordered to JRA through county-based juvenile court system.
- Youth are eligible for MH Services from JRA if they meet the criteria for Mental Health Target Population:
  - DSM-IV Axis I Diagnosis, excluding sole diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Pedophilia, Paraphelia, or Chemical Dependency; or
  - Currently Prescribed Psychotropic Medication; or
  - Has demonstrated suicidal behavior within the last six months

Juvenile Rehabilitation Administration Mental Health Target Population



HRSA –Medical

- Medicaid Beneficiaries
  - Fee-for service medical care, managed care, primary care physicians for individuals with low level of mental health need
  - Medication and medication management
  - Limited psychiatric and psychologist benefit

HRSA-Medical

- **Healthy Options:**
  - Psychological testing
  - Medication and medication management
  - 12 hours treatment per calendar year by any health plan contracted licensed provider
- **Fee for Service:**
  - Psychological testing
  - Medication and medication management
  - 12 hours treatment per calendar year provided by a psychiatrist only

HRSA/MHD
Regional Support Networks

- RSN system
  - 13 RSNs contract with community Providers to provide:
    - Individual, Family and Group Counseling
    - Medication Management
    - Crisis and Stabilization Services
    - High Intensity Team Services
    - Respite
    - Peer Counseling
    - Supported Employment
    - Inpatient Care

HRSA/MHD

- RSN Access and Benefit Design:
  - Severely emotionally disturbed (SED) children & youth who are:
    - Medicaid eligible and
    - meet Access to Care Standards
  - Any child experiencing an acute Mental Health crisis

HRSA/MHD
Access to Care Standards

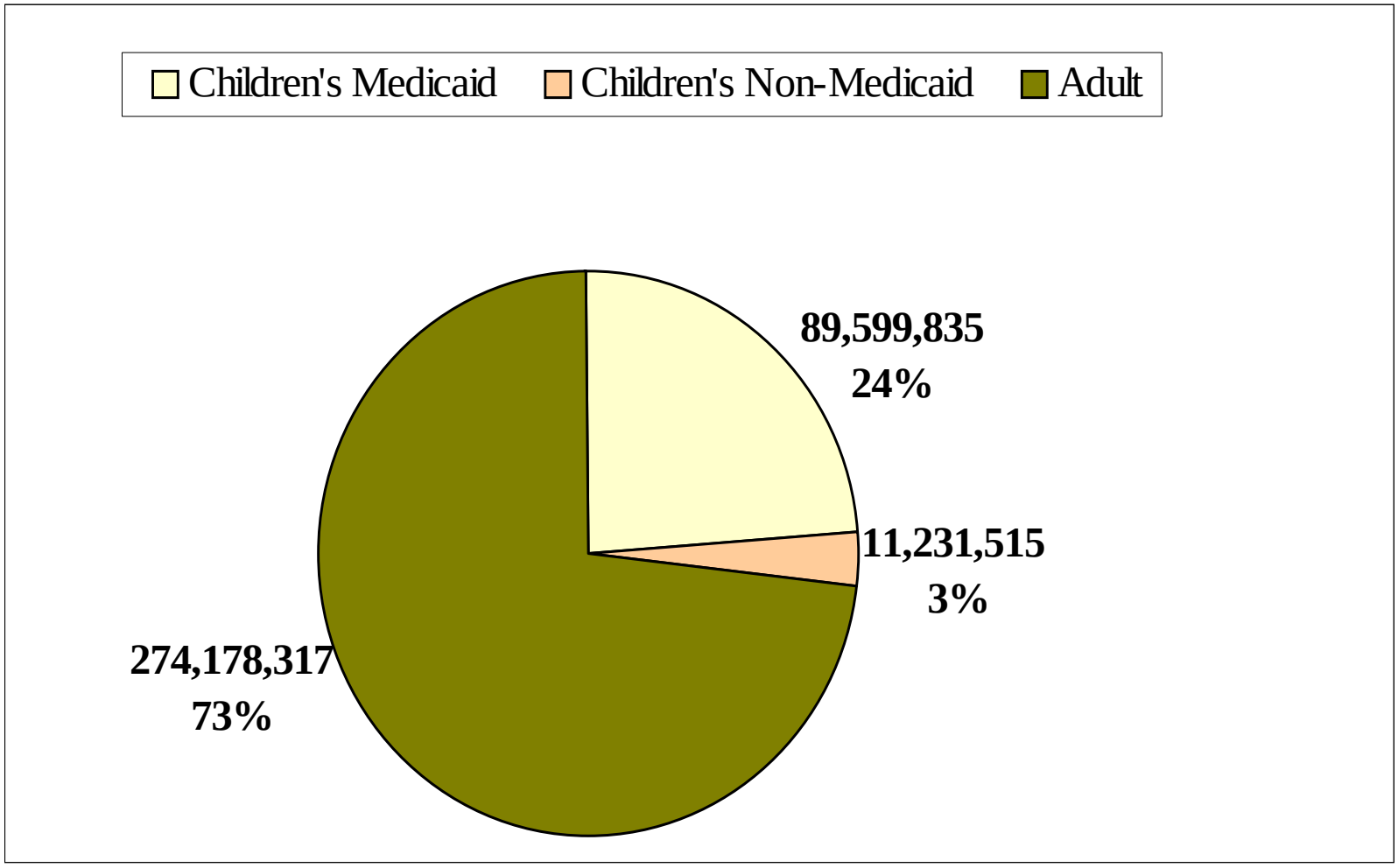
- Developed to standardize the definition of “severe mental health problems”,
- and to create standard access criteria across the RSNs.
- Only three MH diagnoses are not covered
  - Autism
  - Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effects (FAE)
  - Primary Substance Abuse Disorder

HRSA/MHD
Access to Care Standards- Cont.

- Two levels
- "A" diagnoses - major mental illness
  - Includes: schizophrenia, psychosis, delusional disorder, major depression, bipolar disorder, panic disorder, obsessive-compulsive disorder, generalized anxiety and post-traumatic stress.
  - Child must score below 60 on the Children's Global Assessment of Functioning (CGAS), **and** have at least one functional impairment.
- "B" diagnosis – less severe mental illness
  - Includes: ADHD, Conduct Disorder, Reactive Attachment Disorder, Somatoform Disorder, Factitious Disorder, Eating Disorder, Adjustment Disorder, Personality Disorder
  - Child must have score below 50 on the Children's Global Assessment of Functioning (CGAS), **and one of the following**
    - High risk behavior during the past 90 days
    - Risk of escalating symptoms due to abuse or neglect
    - Two or more psychiatric hospitalizations with the past 2 year
    - Psychiatric hospitalization or residential treatment lasting more than 6 months, or is being discharged from psychiatric hospital
    - Received public mental health treatment within the last 90 days and will deteriorate if services aren't resumed

Total RSN Spending

Total amount spent in FY05: $375,009,667



HRSA/MHD
RSN outpatient services –FY05

RSN	Number of low income children*	Children** Served per year	Children Served per 1,000	Average Hours per child within the year	Average Cost per Child
Chelan / Douglas	11,653	812	69.7	17	$1,990
Clark	36,021	2,785	77.3	22	$2,408
Grays Harbor	7,371	829	112.5	8	$1,590
Greater Columbia	82,957	5,321	64.1	17	$2,005
King	105,991	8,353	78.8	22	$1,716
North Central	30,557	1,349	44.1	9	$2,342
North Sound	78,133	5,573	71.3	11	$1,716
Peninsula	24,792	1,811	73.0	25	$1,976
Pierce	66,737	4,241	63.5	20	$1,885
Southwest	9,854	1,176	119.3	14	$1,449
Spokane	44,363	3,241	73.1	35	$2,443
Thurston / Mason	19,344	1,691	87.4	11	$1,722
Timberlands	10,365	1,002	96.7	16	$1,595
Statewide	528,137	38,184	72.3	19	$1893

*Estimated number of children below 200% of poverty in each RSN
**Children age 0-17

HRSA/MHD Community Hospitals

- RSNs are also responsible for inpatient mental health services in the community (ITA and voluntary)
- This is delivered through Community Hospitals and Evaluation and Treatment Centers (E&Ts).
  - Peninsula RSN is the only RSN currently that has a youth E&T.
  - North Sound and King RSN have recently partnered to create an E&T to serve youth in both counties.
    - Awarded start-up funds from MHD

HRSA/MHD
Community Hospital and E & T -FY05

RSN	Number of low income children*	Children Served**	Children Served per 1,000	Average Days of Service	Average Cost per Child
Chelan / Douglas	11,653	6	0.5	19.5	$12,785
Clark	36,021	7	0.2	16.6	$6,649
Grays Harbor	7,371	10	1.4	12.2	$4,110
Greater Columbia***	82,957	92	1.1	18.2	$14,303
King***	105,991	157	1.5	25.5	$13,446
North Central	30,557	30	1.0	17.2	$7,471
North Sound	78,133	197	2.5	21.5	$8,238
Peninsula***	24,792	117	4.7	24.5	$10,509
Pierce	66,737	40	0.6	28.7	$20,468
Southwest	9,854	24	2.4	13.3	$13,987
Spokane***	44,363	107	2.4	21.1	$18,425
Thurston / Mason	19,344	31	1.6	11.8	$3,526
Timberlands	10,365	13	1.3	17.5	$5,333
Statewide	528,137	831	1.6	21.1	$12,731

* Estimated number of children below 200% of poverty in each RSN
** Children age 0-17
***RSN has an inpatient facility in its catchment area that serves children

RSN per cap expenditures-FY05

RSN	Number of low income Children*	Outpatient Expenditure per low income child	Inpatient Expenditure per low income child	Total Expenditure per low income child
Chelan / Douglas	11,653	$139	$6.58	$145
Clark	36,021	$186	$1.29	$187
Grays Harbor	7,371	$179	$5.58	$184
Greater Columbia	82,957	$129	$15.86	$144
King	105,991	$135	$19.92	$155
North Central	30,557	$103	$5.27	$109
North Sound	78,133	$122	$20.77	$143
Peninsula	24,792	$144	$2.55	$147
Pierce	66,737	$120	$18.42	$138
Southwest	9,854	$173	$34.06	$207
Spokane	44,363	$178	$7.57	$186
Thurston / Mason	19,344	$151	$5.65	$157
Timberlands	10,365	$154	$10.55	$165
Statewide	528,137	$137	$17	$154

* Estimated number of children below 200% of poverty in each RSN

HRSA/MHD CLIP and CSTC

- Long-term inpatient psychiatric beds for Children of Washington State funded through MHD
- Serves both Medicaid and Non-Medicaid children that meet severity threshold
  - Double-gated process – referred by RSN if all other plans have failed
  - CLIP committee reviews case for severity and medical necessity
- Child Study and Treatment Center (CSTC)
  - 47 beds
  - Serves most severe children in CLIP program
- CLIP facilities
  - Additional 44 beds across three facilities
  - Pearl Street – Tacoma
  - McGraw - Seattle
  - Tamarack- Spokane
- Some Evidence Based Practices Available
  - Dialectic Behavior Therapy (DBT)
  - Multi-Family Group (MFG)

HRSA/MHD
CLIP and CSTC – FY2005

	Children Served*	Average Length Of Stay	Average Cost per child
Child Study and Treatment Center	103	150 days	$87,584
Children's Long-Term Program	87	172 days	$68,008

* Children age 0-17

Cross System Issues

DSHS Mental Health Service Use Children Aged 0-18, FY04

Number of Children Served

	Mental Health Division	Children's Administration	Medical Assistance	Juvenile Rehabilitation	TOTAL (Unduplicated)
Inpatient or Institutional	1,266[a]			2046[c]	3,294[a,c]
Residential	84	1,468			1,538
Outpatient	41,710	20,871[b]	6,369[d]		62,326[b]
Mental Health Medications			18,323[d]		18,323[e]
TOTAL (Unduplicated)	**41,834[a]**	**21,866[b]**	**23,558[d]**	**2,046[c]**	**73,088**

NOTES

[a] Excludes children receiving Children's Long-term Inpatient (CLIP) services only.

[b] Excludes children receiving only Foster Care Assessment Program or Medicaid Treatment Child Care services.

[c] Includes all youth in JRA Institutions who met the criteria for the MH Target Population.

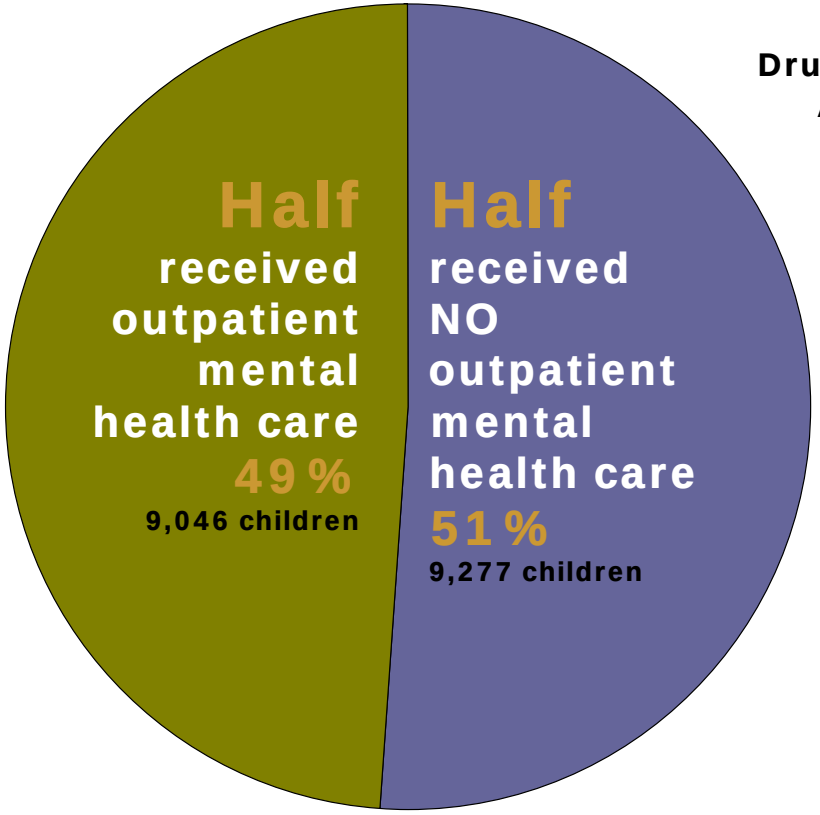
[d] Includes children enrolled in either Healthy Options or fee-for-service medical coverage.

[e] Excludes children receiving medications in institutions.

Compiled from Department of Social and Health Services' data by Mental Health Division, Children's Administration, Juvenile Rehabilitation Administration, and Research and Data Analysis Division staff.

Mental Health Medications and Outpatient Mental Health Services (FY04)

Received Mental Health Medication: TOTAL = 18,323 Children



Drug classes include:

- Antidepressant drugs
- Antipsychotic drugs
- Antianxiety drugs
- Antimania drugs
- ADHD drugs

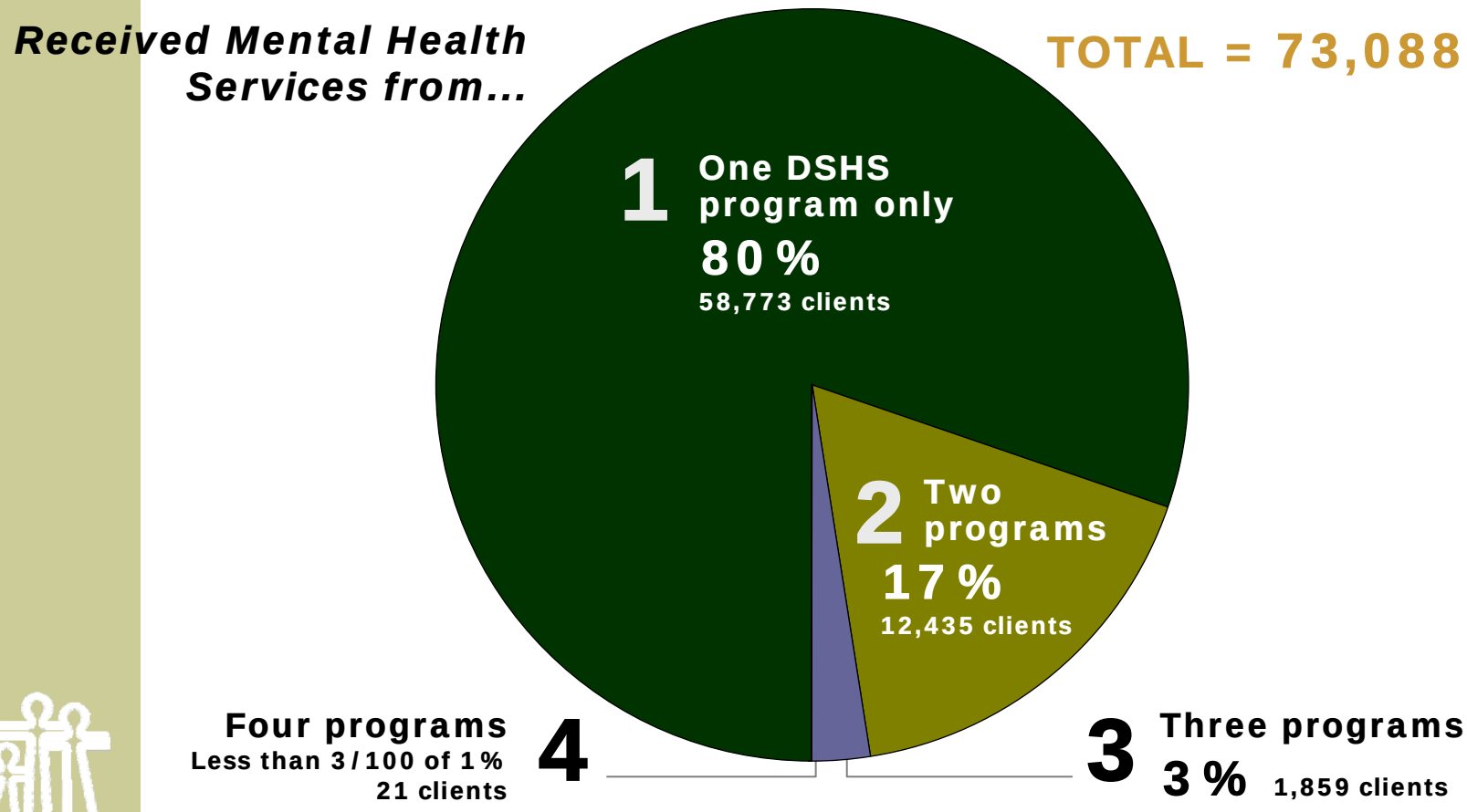
Compiled from Department of Social and Health Services' data by Mental Health Division, Children's Administration, Juvenile Rehabilitation Administration, and Research and Data Analysis Division staff.

% Receiving Outpatient Mental Health Services by Type of Medication Received (FY 04)

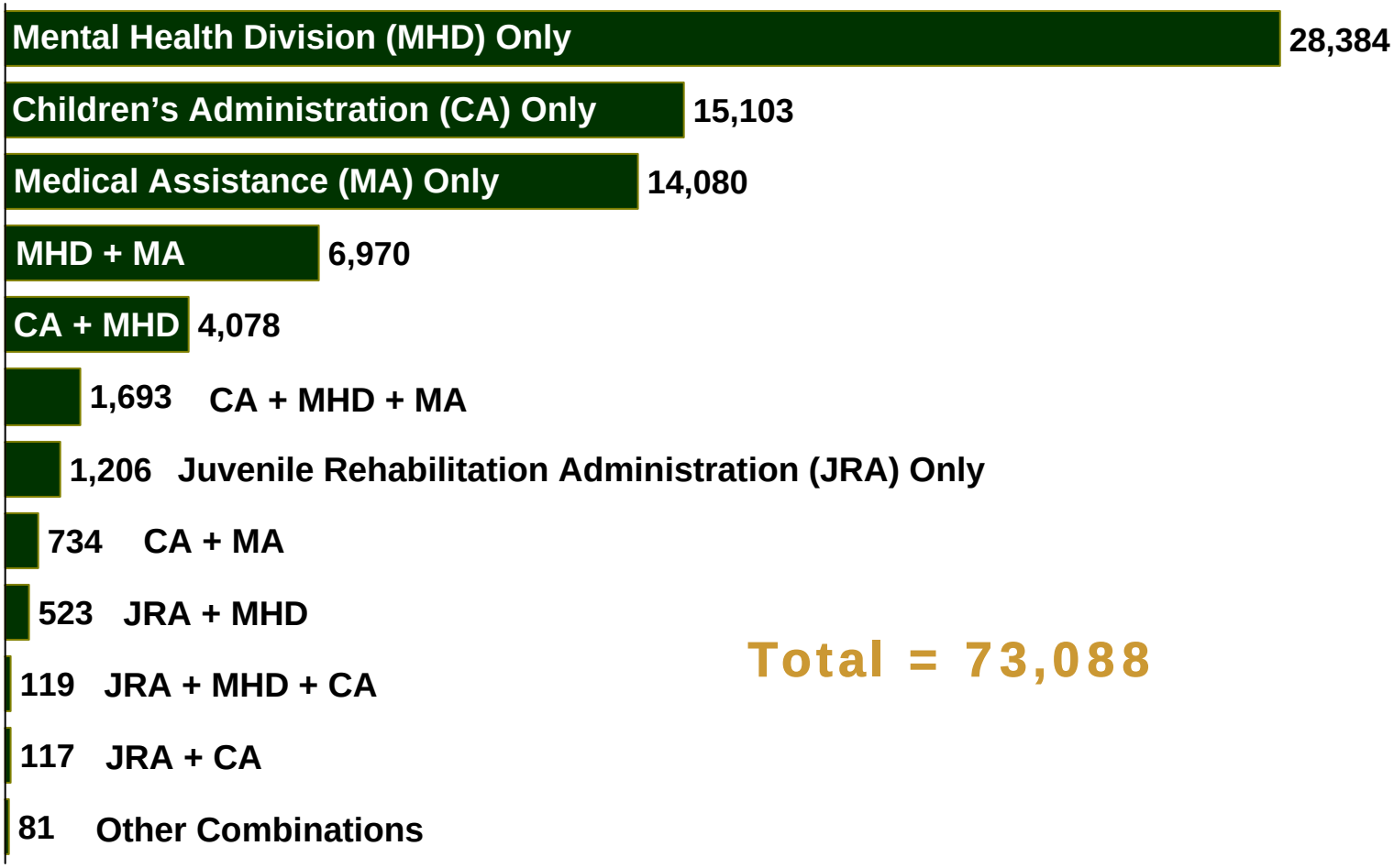
	Received DSHS Outpatient MH Services	DID NOT Receive DSHS Outpatient MH Services
ADHD drugs (N = 12,883)	48%	52%
Antidepressants (N = 7,790)	62%	38%
Antipsychotics (N = 3,615)	77%	23%
Antianxiety (N = 1,435)	56%	44%
Antimania (N = 445)	85%	15%
ADHD only (N = 8,361)	35%	65%

Compiled from Department of Social and Health Services' data by Mental Health Division, Children's Administration, Juvenile Rehabilitation Administration, and Research and Data Analysis Division staff.

Children Receiving Mental Health Services Across DSHS: Shared Clients in FY04



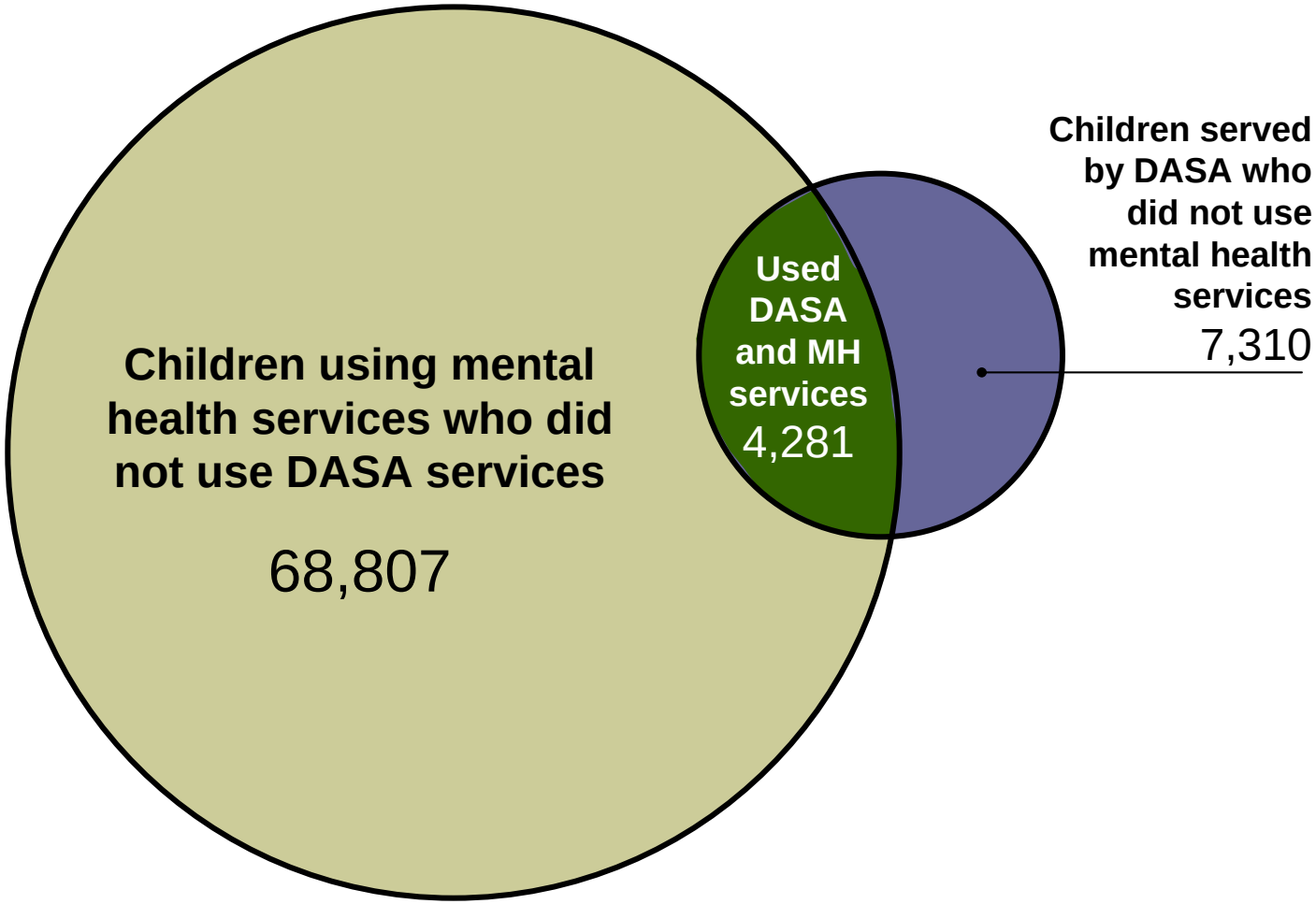
Shared Clients in FY04
Program Detail



Total = 73,088

Compiled from Department of Social and Health Services' data by Mental Health Division, Children's Administration, Juvenile Rehabilitation Administration, and Research and Data Analysis Division staff.

Shared DSHS Mental Health and DASA Clients in FY04



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Existing GAPs in the Service Structure

Existing Gaps in the Service Structure

- Current state structure and funding- does not incentivize/pay for services delivered to children with mild/moderate needs.
- Preventive and early intervention services are unevenly available from DSHS, Department of Health, and the Office of the Superintendent of Public Instruction. Often children can only receive mental health services once they have a significant impairment.
- Youth often receive medication from a primary care provider with no other mental health services.
- Improvement is needed in determining youths' Medicaid eligibility prior to release from JRA institutions. This delays access to mental health services.

Existing Gaps in the Service Structure

- Individualized child/family case coordination regarding MH issues across the DSHS funded system is challenged by:
  - Differential eligibility criteria for MH Services
  - Size of individual caseloads (CA & some RSNs)
  - Lack of consistently available comprehensive MH services across the state, including:
    - Local and state inpatient capacity
    - Child Psychiatrists
    - EBP- trained clinicians
  - Lack of clearly defined model for local case coordination that includes all agencies, service providers, and schools involved with the individual child and family.

Existing Gaps in the Service Structure

- Lack of inpatient capacity for highly aggressive youth.
- Availability and intensity of services varies across the state.
- Parents may lose Medicaid eligibility when children are placed in foster care,
  - difficult to access on-going mental health services for reunification and other Mental Health needs.
- JRA data on the MH target population has not been easily accessible. This impacts management planning within and across administrations.

Recommended Solutions & Improvements

Current Shared Efforts

- MHD, CA, JRA developed Evidence-Based Practices matching tool
  - CA will be piloting across 5 sites starting Oct. 2006
- Implementation of the standardized co-occurring disorder screening tool (GAIN-SS) across MHD, CA, JRA and DASA
- Role clarification between the RSNs and Healthy Option Plans
- HRSA is working with community providers to improve prescribing practices for mental health drugs
  - By require physicians to follow evidence based pharmacological practices and FDA approved age relevant dosage levels, And
  - Monitoring through claims payments
- Improving Medicaid eligibility determinations prior to release from JRA
- JRA information system improvements to increase information about Youth in MH Target Population
- Pockets of Excellence of Local Coordination/Systems of Care to learn from:
  - King and Clark County

Recommendations for Solutions & Improvements: Decision Packages

- MHD DP to fund services for Foster Children who don't meet Access-to-Care standards
- MHD DP to develop a 12 bed acute inpatient capacity
  - for youth who are extraordinarily violent and difficult to treat safely within existing state and community inpatient/CLIP facilities.
- CA DP to fund contracted staff to act as mental health liaisons, and additional CHET screeners.
- HRSA DP to improve early intervention training and incentives for developmental screening and referral to appropriate MH services.
- JRA DP to address treatment/clinical needs of the Mental Health Target Population, including acute care needs.